Republic of the Philippines
Department of Health
SAN LAZARO HOSPITAL
Manila, Philippines

REQUEST FOR QUOTATION
ALTERNATIVE METHOD OF PROCUREMENT

Sir/Madam: Date:

Please give your quotation at Government price on the following articles/materials urgently needed to be purchased.

ITEM #	QTY.	UNIT	DESCRIPTION OF ARTICLES	UNIT COST	TOTAL COST	PRICE OFFER
1	150	pck	Cotton Balls, supersoft, high quality absorbent, 1600balls/pk	230.00	34,500.00	
2	50	box	Surgical Tape (micropore) 1/2 inch diameter, 24 rolls/box	540.00	27,000.00	
3	120	pck	N95 Mask, medium size, for healthcare particulate respirator	100.00	12,000.00	
4	80	box	Face Mask, earloop, disposable, earloop face mask, thickness:3 ply	60.00	4,800.00	
5	50	box	Gloves, disposable, thick, powder free, latex, medium	200.00	10,000.00	
6	40	box	Gloves, disposable, thick, powder free, latex, small	200.00	8,000.00	
					-	
					-	
					-	
				Total:	**96,300.00**	
			REQUIREMENTS: IN THREE (3) SEPARATE SEALED ENVELOPE			
			1. PRICE QUOTATION			
			2. PhilGEPS Certificate (CERTIFIED TRUE COPY with NAME and SIGNATURE)			
			3. Mayors Permit (CERTIFIED TRUE COPY with NAME and SIGNATURE)			
			4. SEC/DTI Registration (CERTIFIED TRUE COPY with NAME and SIGNATURE)			
			5. Business/Income Tax Return (CERTIFIED TRUE COPY with NAME and SIGNATURE)			
			6. NOTARIZED Omnibus Sworn Statement			
			SUBMISSION: DEC. 4, 2019, 10am at Procurement Department			
			VAT Inclusive :			

Important:

1. **This is an emergency purchase and all items/materials listed must be delivered within seven (7) working days after the receipt of the approved PURCHASE ORDER.**
2. **A winning dealer who fails to make delivery of the items being purchased within specified date, whether in whole or in part, SHALL BE CONSIDERED A DEFAULTING BIDDER and shall thererfore be subjected to OPEN MARKET of the items/materials NOT DELIVERED and the DIFFERENCE IN PRICE to be charged against said defaulting bidder.**
3. **The Government reserves the right to reject any or all bids or quotations, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the canvass.**

Name of Company:_____

Adress:_____

Telephone #:_____

Authorized Representative:_____

DOMINICK M. DIAZ, MGM
Head, Procurement Department

JILLSHARON E. JIMENEZ
Canvasser

Note: Kindly send us your quotation with Requirements in Hard Copy